Vaccination program for COVID-19 in patients with Gaucher disease

The EWGGD and IGA are standing together with the Gaucher patients' community in this challenging time of the COVID-19 pandemic, and we are strongly supportive of the vaccination program for COVID-19 and hopes that any patient who is offered vaccination will take up the offer.

Vaccination is considered safe for all patients with Gaucher disease as for all other inherited metabolic disorders. The current vaccines do not contain any live COVID virus and do not contain any animal products or egg.

Vaccination can be given in a similar process advised for the population, and there is no need to go to the GD specialist reference center to be vaccinated.

Older patients, splenectomized patients, and patients with co-morbidities, such as diabetes or severe asthma, may be more vulnerable and at high risk of complications of COVID-19. Thus, they should be offered vaccination earlier on in the program.

The side effects of vaccination are reported to be mild and should not last longer than a few days to a week, such as;

i. A sore arm where the needle went in
ii. Feeling tired
iii. Headache
iv. Feeling achy

There is no reason for increased side effects of vaccination in patients with Gaucher disease or other inherited metabolic disorders.

It is advised that any person with a significant allergic reaction to a vaccine -- such as previous history of anaphylactoid reaction or those who have been advised to carry an adrenaline autoinjector -- should not be vaccinated at present. You will be asked about allergic reactions when you attend for vaccination, and the nurse / doctor / pharmacist will determine if it is safe for you to go ahead with vaccination.

The current vaccines are not known to interact with any medications.

For patients receiving enzyme replacement therapy (ERT) some basic principles to consider:

1. Because some people have reactions to vaccines (slight temperature, muscle aches, sore arm, flu-like feeling), then it is better to wait 3 days (until these symptoms settle) after COVID vaccination before having the next ERT infusion.
2. If time-slots for COVID vaccination are very limited then it is better to take up the offer of vaccination and arrange to delay or miss ERT infusion that week if needed.
3. It is however fine to have COVID vaccination the day after your ERT infusion as long as you feel well.

After vaccination, most people will be protected against COVID-19 symptoms. However, there is a small chance of getting COVID-19 even after vaccination. For these reasons, it is important that EVERYONE continues to follow social distancing guidance, wear a face covering in public and adhere to local lockdown measures

COVID-19 vaccine trials have only just begun in children and there are, therefore, very limited data on safety and effectiveness in this group. Children and young people have a very low risk of COVID-19, severe disease or death due to COVID-19 compared to adults and so the vaccines are not routinely recommended for children and young people under 16 years of age.

Recommendations on vaccinating children with other underlying conditions will be reviewed after the initial roll-out phase by which time additional data on use of the vaccines in adults should allow a better assessment of risks and benefit

Some of you may have seen questions on social media because of the similarity in the names of adeno-associated viruses (AAVs) – which are used in gene therapy, and adenovirus-based vaccines.

However, the two types of virus are completely different from each other and do not share any genes or proteins. Having an adenovirus-based vaccine will not produce any antibodies which could react with AAV and will therefore have no effect on whether or not a person can take part in a gene therapy trial using an AAV vector.

References:

Greenbook chapter 14a (publishing.service.gov.uk)

Coronavirus (COVID-19) vaccine - NHS (www.nhs.uk)